

## FAX



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**Date** January 29, 2004 **Pages including cover** 6  
.....  
**Subject** Response to Election/Restriction Requirement

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JAN 29 2004

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Re: Application of Jeff T. Hutchins et al.  
U.S. Serial No.: 10/038,694; Filed: December 31, 2001  
Title: *Superficial Zone Protein and Methods of Making  
and Using Same*  
Attorney Docket No. PU4112US2

Attached:

1. Transmittal Form (with Certificate of Transmission/Mailing)
2. Response to Restriction (2 pages)
3. Petition and Fee for Extension of Time (in duplicate)

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TRANSMITTAL  
FORM

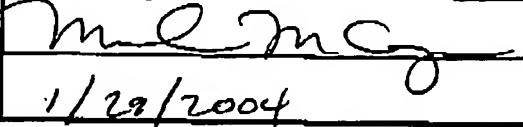
(to be used for all correspondence after initial filing)

		Application Number	10/038,694
		Filing Date	December 31, 2001
		First Named Inventor	Jeff T. Hutchins
		Art Unit	1653
		Examiner Name	Snedden, Sheridan
Total Number of Pages in This Submission		Attorney Docket Number	PU4112US2

## ENCLOSURES (check all that apply)

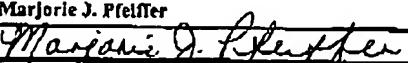
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael M. Conger Registration No. 43,562 Telephone: (919)483-2474
Signature	
Date	1/29/2004

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Typed or printed name	Marjorie J. Pfleiffer
Signature	
Date	Jan. 29, 2004

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